

CLAIMS ONLY							Application Number 101605994	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51			
2	I						52			
3	I						53			
4	I						54			
5	I						55			
6	I						56			
7	I						57			
8	I						58			
9	I						59			
10	I						60			
11	I						61			
12	I						62			
13	I						63			
14	I						64			
15	I						65			
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17	I						67			
18	I						68			
19	I						69			
20	I						70			
21	I						71			
22	I						72			
23	I						73			
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25	I						75			
26	I						76			
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28	I						78			
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30	I						80			
31	I						81			
32	I						82			
33	I						83			
34	I						84			
35	I						85			
36	I						86			
37	I						87			
38	I						88			
39	I						89			
40	I						90			
41	I						91			
42	I						92			
43	I						93			
44	I						94			
45	I						95			
46	I						96			
47	I						97			
48	I						98			
49	I						99			
50	I						100			
Total Indep	2						Total Indep			
Total Depend	32						Total Depend			
Total Claims	34						Total Claims			